CHAPTER FOUR

SPECIAL PROBLEMS OF THE AGED PEOPLE

4.0.0 INTRODUCTION

The problems of the aged people are becoming complex day by day. The present study is a sincere attempt to investigate and unearth the profile of the socio-economic and health problems of the aged people in Kerala. There is a steady trend of increase in the number of elderly population in India, particularly in Kerala. Kerala’s old age population stands well above the national average, which points to the need to focus more on this side of the wrinkled life. Here, the economic and social problems faced by the aged are analyzed, based on the primary data collected from Tholur Grama panchayat of Thrissur District. This chapter deals with various problems including old age abuse and analyzes the socio-economic problems faced by the aged (above 60) by survey method.

The gerontological research carried out by a few Indian institutions aimed mainly to ascertain the living conditions of the elderly, residing in different geographical regions; to examine issues related to their social, psychological, health and conduct evaluative studies to assess the impact of various schemes meant for the welfare of older persons. Data on various aspects of ageing and related issues like age and sex structure, rural-urban residence, literacy, marital status, work status, dependency status, disability and health status have been systematically collected and compiled by various organizations like Census, National Sample Survey Organization, and Central Statistical Organization. The research output in the areas of the behavioural and social sciences in India
has so far outweighed that of the biological and medical sciences (Ramamurti, 2005).¹

The topic of World Health Day in 2012 is Ageing and health with the theme "Good health adds life to years" (WHO, 2012). World Health Day - 7 April 2012 - Ageing and Health - to which each one of us can relate - is the theme of this year's World Health Day. Using the slogan "Good health adds life to years", campaign activities and materials will focus on how good health throughout life can help older men and women lead full and productive lives and be a resource for their families and communities. Activities and campaigns throughout the world will focus on ageing and health, raising awareness of what individuals and governments can do to promote active and healthy ageing. The median age of the global population is steadily rising, with the number of people aged 60 years and more expected to triple between 2000 and 2050. (WHO, 2012)² WHO launched the “International year of older persons” on October 1, 1998, and announced that the theme of 1999 World Health Day in April would be “Active Ageing makes the Difference” (WHO, 1998).³ October 1st is the International Day for the Elderly. June 15th is the World Elder Abuse Day.

The focus is how good health throughout life can help older men. In ‘Growing Old in Kerala’, a Kerala State Planning Board report in 2009, researchers have pointed out that care-givers have been entrusted with the responsibility of looking after the elderly in most families in the state. This is because youngsters often work


outside the state or the country. This fact, in turn, increases the
importance of daycare centers and old-age homes. About six
percent of the elderly live alone, says the report. Strangely, the
percent of elderly who live alone without spouse and children goes
up along with the age. While 7.5 percent of the 60-64 groups live
alone, it goes up to 11.3 percent among the 75-79 age group, and
10.3 in 80 plus category (Bennett, 2011). The family is the source
of security and happiness. The youngsters who are given energy for
the improvement of the family expect supporting services from the
family in their old age. Interpersonal relations between family
members are important. The needs of the aged differ according to
the marital status (Jamuna, 1993).

Ageing is a universal biological phenomenon and a natural
process. It begins from the day we were born, or perhaps even
before. The perception of age, however, is socially constructed.
Isolation, exclusion and marginalization of older persons are the
consequences of age discrimination. It not only undermines the
status of older persons in society but also threatens the overall
development of a society. The quality of life of the older person,
however, can be improved by mainstreaming their concerns
systematically into the overall developmental agenda. Peter Peterson
described this demographic change as a “grey dawn”. In the
developed world, every sixth person is over 65 years of age. In the
next 30 years, it will be every fourth person. Up to 2030, the
proportion of those over 65 will be 33% in Australia, or 50% in
Germany. The number of very old, those over 85, is increasing more
rapidly than the number of old – those below 85. In the next 50

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4 Bennet and Coleman, (2011) Surviving a Lonely Evening. The Times of
India, November, 30.
International Hand Book, USA: Green Wood Press.
years, the number of people over 85 years of age will increase by six times. The process is sometimes termed as - ageing of the elderly.

In the modern times, the role of family has been undergoing significant changes. Even in the traditional societies of Asia or Africa there is a visible change-taking place as far as the role and function of family is concerned. The traditional joint family system is gradually making way for the nuclear family mode. Family, nevertheless, occupies a unique place in the traditional as well as modern societies even today. It assumes diverse forms and functions that vary from region to region. In a society, as large and culturally diverse and complex as India, changes take place at different speeds and at different levels of the population. As such, the directions and pattern of change tend to vary not only among the different segments of the society, but also in different kinds of family organizations, which vary considerably both structurally and functionally. Indian family, which has been predominantly joint or extended one, remained stable despite some marked and drastic social, economic and religious changes over the last few decades. It has however retained certain structural norms and traditional values. It is expected that the number of people over 60 years of age will increase from about 600 million in year 2000 to about 2 billion by year 2050. Increases are expected to be the greatest and most rapid in developing countries where the older population is expected to quadruple (fourx's) during the next 50 years (WHO, 2012). Madrid International plan of action on ageing (MIPAA) vision is Active and Dignified Ageing for All.

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4.1.0 Biological Theories of Ageing

(Taylor, 2010) Theories of ageing are numerous and no one theory has been accepted. There is a wide spectrum of the types of theories for the causes of ageing with programmed theories on one extreme and error theories on the other. Regardless of the theory, a commonality is that as human’s age, functions of the body decline.

Wear and tear Theories

Wear and tear theories of ageing suggest that as individual ages, body parts such as cells and organs wear out from continued use. Wearing of the body can be attributable to internal or external causes that eventually lead to an accumulation insults that are not fully repaired. Due to these internal and external insults, cells lose their ability to regenerate, which ultimately leads to mechanical and chemical exhaustion. Some insults include chemicals in the air, food, or smoke. Other insults may be things such as viruses, trauma, free radicals, cross-linking, and high body temperature.

Genetic Theories

Genetic theories of ageing propose that ageing is programmed within each individual’s genes. According to this theory, genes dictate cellular longevity. Programmed cell death is determined by a "biological clock" via genetic information in the nucleus of the cell. Over the course of normal development, these genes are expressed or repressed. Environmental factors and genetic mutations can influence gene expression and accelerate ageing.

General Imbalance Theories

General Imbalance theories of ageing suggest that body systems, such as the endocrine, nervous, and immune systems,

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gradually decline and ultimately fail to function. The rate of failure varies system by system.

**Accumulation Theories**

Accumulation theories of ageing suggest that ageing is bodily decline that results from an accumulation of elements. Elements can be foreign and introduced to the body from the environment. Other elements can be the natural result of cell metabolism. An example of an accumulation theory is the Free Radical Theory of Ageing. According to this theory, byproducts of regular cell metabolism called free radicals interact with cellular components such as the cell membrane and DNA and cause irreversible damage.

**4.1.1 Social Theories of Ageing**

(Phillipson, 2007) Ageing is an interactive process where the individual is affected by the environment while also influencing the environment in which he/she ages. Several theories of ageing are developed to observe the ageing process of older adults in society as well as how these processes are interpreted by men and women as they age.

**Activity theory**

Activity theory was developed and elaborated by Cavan, Havinghurst, and Albrecht. According to this theory, older adults' self-concept depends on social interactions. In order for older adults to maintain morale in old age, substitutions must be made for lost roles. Examples of lost roles include retirement from a job or loss of a spouse. Activity is preferable to inactivity because it facilitates well-being on multiple levels. Because of improved general health and prosperity in the older population, remaining active is more

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feasible now than when this theory was first proposed by Havighurst nearly six decades ago. The activity theory is applicable for a stable, post-industrial society, which offers its older members many opportunities for meaningful participation. Weakness: Some ageing persons cannot maintain a middle-aged lifestyle, due to functional limitations, lack of income, or lack of a desire to do so. Many older adults lack the resources to maintain active roles in society. On the other side, some elders may insist on continuing activities in late life that pose a danger to themselves and others, such as driving at night with low visual acuity or doing maintenance work to the house while climbing with severely arthritic knees. In doing so, they are denying their limitations and engaging in unsafe behaviors.

Disengagement Theory

Disengagement theory was developed by Cumming and Henry. According to this theory, older adults and society engage in a mutual separation from each other. An example of mutual separation is retirement from the workforce. A key assumption of this theory is that older adults lose "ego-energy" and become increasingly self absorbed. Additionally, disengagement leads to higher morale maintenance than if older adults try to maintain social involvement. This theory is heavily criticized for having an escape clause. Namely, that older adults who remain engaged in society are unsuccessful adjusters to old age.

Gradual withdrawal from society and relationships preserves social equilibrium and promotes self-reflection for elders who are freed from societal roles. It furnishes an orderly means for the transfer of knowledge, capital, and power from the older generation to the young. It makes it possible for society to continue functioning after valuable older members die. Weakness: There is no base of
evidence or research to support this theory. Additionally, many older people desire to remain occupied and involved with society. Imposed withdrawal from society may be harmful to elders and society alike. This theory has been largely discounted by gerontologists.

**Continuity Theory**

Continuity Theory is an illusive concept. On the one hand, to exhibit continuity can mean to remain the same, to be uniform, homogeneous, unchanging, and even humdrum. This static view of continuity is not very applicable to human ageing. On the other hand, a dynamic view of continuity starts with the idea of a basic structure which persists over time, but it allows for a variety of changes to occur within the context provided by the basic structure. The basic structure is coherent: It has an orderly or logical relation of parts that is recognizably unique and that allows us to differentiate that structure from others. With the introduction of the concept of time, ideas such as direction, sequence, character development, and story line enter into the concept of continuity as it is applied to the evolution of a human being. In this paper, a dynamic concept of continuity is developed and applied to the issue of adaptation to normal ageing.

A central premise of Continuity Theory is that, in making adaptive choices, middle-aged and older adults attempt to preserve and maintain existing internal and external structures and that they prefer to accomplish this objective by using continuity (i.e., applying familiar strategies in familiar arenas of life). In middle and later life, adults are drawn by the weight of past experience to use continuity as a primary adaptive strategy for dealing with changes associated with normal ageing. To the extent that change builds upon, and has links to, the person’s past, change is a part of
continuity. As a result of both their own perceptions and pressures from the social environment, individuals who are adapting to normal aging are both predisposed and motivated toward inner psychological continuity as well as outward continuity of social behavior and circumstances.

Continuity Theory views both internal and external continuity as robust adaptive strategies that are supported by both individual preference and social sanctions. Continuity Theory consists of general adaptive principles that people who are normally ageing could be expected to follow, explanations of how these principles work, and a specification of general areas of life in which these principles could be expected to apply. Accordingly, Continuity Theory has enormous potential as a general theory of adaptation to individual ageing.

**Age Stratification Theory**

According to this theory, older adults born during different time periods form cohorts that define "age strata". There are two differences among strata: Chronological age and Historical experience. This theory makes two arguments. 1. Age is a mechanism for regulating behavior and as a result determines access to positions of power. 2. Birth cohorts play an influential role in the process of social change.

**Life course theory**

According to this theory, which stems from the Life Course Perspective ageing occurs from birth to death. Ageing involves social, psychological, and biological processes. Additionally, ageing experiences are shaped by cohort historical factors. Also reflecting the life course focus, consider the implications for how societies might function when age-based norms vanish a consequence of the deinstitutionalization of the life course and suggest that these
implications pose new challenges for theorizing ageing and the life course in postindustrial societies. Dramatic reductions in mortality, morbidity, and fertility over the past several decades have so shaken up the organization of the life course and the nature of educational, work, family, and leisure experiences that it is now possible for individuals to become old in new ways. The configurations and content of other life stages are being altered as well, especially for women. In consequence, theories of age and ageing will need to be reconceptualized.

**Cumulative advantage/disadvantage theory**

According to this theory, which was developed beginning in the 1960s by Derek Price and Robert Merton and elaborated on by several researchers such as Dale Dannefer, inequalities have a tendency to become more pronounced throughout the ageing process. A paradigm of this theory can be expressed in the adage "the rich get richer and the poor get poorer". Advantages and disadvantages in early life stages have a profound effect throughout the life span. However, advantages and disadvantages in middle adulthood have a direct influence on economic and health status in later life.

**4.2.0 Various Geriatric Problems**

The Community must assist the aged to fight the triple evils of poverty, loneliness and ill Health. With the trend of population ageing, in India the older persons are facing, a number of problems ranging from absence of ensured and sufficient income to support themselves and their dependants, to ill health, absence of social security, loss of productive social role and recognition, non-availability of opportunities for creative use of free time. The trend clearly reveals that ageing poses a major challenge, and vast resources are required towards the support, care and treatment of the older person. There is an emerging need for paying greater
attention to ageing issues and to promote wholistic policies and programmes for dealing with an ageing society.

The time-honoured tradition of care and respect for the elderly within the family and the community has made the task of caring and empowering the aged relatively smooth and easy both for the society and the Government in India. Since the traditional norms and values of the Indian society laid stress on respect and care for the aged, the aged members of the family were normally taken care of in the family itself. In recent times, the rapid socio-economic transformation has affected every aspect of traditional Indian society. Industrialization with resultant urbanization and migration of population has affected institutions like the age-old joint family.

Technological advancement, impact of mass media and a higher degree of mobility has eroded the long established life styles, conventional value systems and customary place of the aged and women in the society. Thus, the society is witnessing a gradual but definite withering of the joint family system, as a result of which a section of the family, primarily the elders, are exposed to emotional neglect and a lack of physical support. Because of the demographic changes and the changing family context, it can no longer be assumed that the older persons live comfortably at home receiving care from the other family members.

Biopsychosocial domains for gerontology. (Joanna, 2002)\(^9\)

**Biological**

- Normal ageing
- Functional limitations and adaptations
- Decrease in the weight of the brain

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• Impaired immune system
• Loss of nerve cells
• Ischemic lesion (refer to blood vessels)
• Decreased psychomotor activity
• Loss of sensory capacity
• Change in appearance
• Sleep disturbance
• Accidental problems

**Psychological**

• Late life development
• Grief and loss
• Deterioration of mental activity
• Change in emotional behaviour
• Personality changes

**Social**

• Socio-economic issues
• Family and social support network
• Social isolation
• Dependence on others for everything
• Feeling of insecurity
• Unemployment and retirement

**Various Problems Faced by the Elderly are**

• Social problems
• Economic problems
• Health problems
• Psychological problems
• Lack of support from the family
• Loneliness
• Vocational maladjustment
- Marital maladjustments
- Excessive fear of death
- Changes in the family network

### 4.2.1. Social Problems

The role of children, which is the primary factor for informal social support next to spouse. The number of the children, grand children and siblings are the indicators of potential social support resources for the aged (Pappathi, 2007).

(Krishna Kumari, 2005) Some of the sociological changes that accompany increasing life span include reduced income, changes in the life style, widowhood, death of other family members and friends, loss of warmth in relationship, social isolation, isolation from services and activities. The main social problems of the elderly are related to; poverty, poor housing, loneliness, loss of the partner and distance, hindering easy approach to one’s dear and near ones and they are responsible for creating an adverse living or working condition, increasing ‘the wear and tear’ of life.

Many of the changes and related problems as mentioned earlier, can be prevented or delayed with a disciplined lifestyle or can be identified and treated to enable the aged to lead an active and healthy life. Nevertheless, the problems of old people increase with advance in age. They face many problems related to economic, social and health status. Many studies, conducted in India and other developing countries, have revealed that the majority of the elderly populations are economically dependent on others after their retirement, especially those who do not have pension support.

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In India, since independence the population growth has been accompanied by an increase in the number as well as the proportion of persons aged 60 and above. In effect nearly, 71 percent of the increase in the number of the aged during the period from 1951-1991 is attributable to population growth, whereas 29 percent has been due to the normal process of ageing as a biological factor. From the demographic point of view, ageing is directly related to mortality and fertility rates. Average life expectancy at birth in India was 54.1 for males and 54.7 for females respectively during 2001-2002.

As per 1961 census, the population in the 60+ age group in Kerala were 5.13 percent, which increased to 8.85 percent in 1991 and is expected to reach 21 percent in 2021 and 37 percent in 2051. The population in the age group 70-79 years (old-old) had a decadal growth rate of 3 percent, which is expected to register a growth rate of around 4 percent in the next 4 decades. The oldest-old (aged 80 and above) in Kerala was just 1 percent in 1991, which is expected to increase to 3 percent in 2021 and to 10 percent in 2051. In Kerala, the annual growth rate of the elderly is 3.8 percent as against the growth rate of the aggregate of 1.5 percent. The all India figures for these variables are 2.2 percent and 2.7 percent respectively. If this trend continues in Kerala, by 2021, the elderly will constitute nearly one fifth of the population of the State.

In Kerala the birth rate came down from 22.7 per thousand in 1981 to 8.3 per thousand in 2001. The death rate during this period declined from 7.2 per thousand to 6.5 per thousand. With an excellent base in education, health and social welfare programmes both birth rate and death rate will fall further in the future. The dependency ratio in Kerala including both young age dependency of 30 percent and old age dependency of 10 percent comes to 40
percent of the total population. This means that 60 percent of the population, who are in the working age group, even though many of them are without jobs, has to support 40 percent of the population (Census of India, 2001).12

The working population rate in India is 39.3 percent in 2001 as against 32.3 percent in Kerala. Thus the effective dependency ratio is 67.7 percent in Kerala. In the next 25 years, the proportion of children will come down but that of the old will increase by 10 percent. As a result, even though there is no change in dependency ratio the service needs by the society will require radical shift from the children-oriented services to old age care programmes.

Another aspect of population ageing in Kerala, is the growing proportion of women in the elderly population. Sex ratio among the 60+ was 1089 in 1961, which increased to 1229 in 2001. The ratio will further increase because of the phenomenon of longer life expectancy for women. Among the population, aged above 75 the sex ratio is the highest. There are 1445 females for 1000 males among the 75+population. The 2011 census reflects that the sex ratio is 1084 (Census of Kerala, 2011).13

Therefore, the number of widows in the Kerala society has increased, which has additional socio-economic implications. Many old people have to continue working until they are physically broken down. The family system is being eroded because of urbanization and the migration of young people in the family, further weakening the family bonds. Therefore, the number of lone elderly is on the increase. Studies have shown that older people who love independence and maintain control of their lives, by

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making good choices and compensating well for failures, are most likely to age successfully at a slower pace. Having close relationships and involvement in society are behaviors that increase the likelihood of a high quality of life in later years.

(Shabeen, 1995) reported that there are altogether 356 old age homes in India. Kerala ranks first in the number of old age shelters. 22% of the aged persons are living in old age homes in Kerala. The 1961 census revealed that India had an elderly population of nearly 25 million and the number troubled to 76 million in 2001, in the span of 50 years. In the 35 States and Union territories of India, around 75% of the elderly live in rural areas. The joint family system is gradually breakdown which leads to isolation, dependency, poverty and better to job opportunities. Individual happiness is gaining more importance than the family happiness. So their concern towards the elder care is gradually getting reduced. The further does appear promising; indeed, the time has arrived for Geriatric medicine to emerge in India and become recognize as a specialty (Natarajan, 2004).

India has the second largest aged population in the world. The small family norm means that fewer persons are in the working group so much so that the working, younger people are called upon to care for an increasing number of economically unproductive, elderly persons (The Hindu, 2004).

Further education, training and research in the field of geriatric care are vital ingredients to rectify the apparent ignorance and to change the negative attitude towards the care of the elderly

Assessment of activities of daily living will provide broad parameters for evaluating the elderly. This study was designed to find the impact of knowledge on self-care activities to the senior citizens.

According to (Sharma et al. 2004), studies have shown that more than 60% of older adults suffer from depression. Some other studies show that up to 15% of the older adults and up to 25% of Nursing home residents have clinically significant depressive symptoms. Florence Nightingale observed a long time ago, that health is not just the doctors, drugs and the hospitals, but the quality of life. They have special needs in nutrition, in hygiene, in exercise and immunization. The provision for adequate health care is viewed as an essential component of a country’s overall social welfare policies. The oldest old consume a disproportionate amount of health care and Long-term services.

Recent studies on healthy individuals show that even at 70, one can do far more than taking care of oneself. Old people play an active role in the community, use their mind creatively and carry on loving relationship. Therefore, the conventional view of old age as being sick, helpless and useless, must be discarded. In 1972, the National Insurance Institute (NII), Israel, realized that it was not enough for elderly people just to receive their pension, but they needed found wide exposure to the countries societal and community living.

(Ravi Narayan, 2000) says that physically dependent and economically dependent aged persons without family support, create institutions, and ensure clean, cheerful surroundings.

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Simple nutritious food with a variation in the daily routine, including recreation and controlled productive activity, structured regular friendly visitors and trained and motivated managers can go a long way in making the life of the elderly people happy, even pleasurable.\(^{19}\)

The National Policy for the elderly seeks to assure the older persons that their concerns are national concerns, and they will not live unprotected, ignored or marginalized. The goal of the policy is the well-being of the older persons. It aims at recognizing their legitimate place in the society and seeks to help them to live the last phase of their life with purpose, dignity and in peace.

(Keshav Swarnkar, 2010) In Indian context, retirement is a symbol of old age. In the retirement process, the person may pass through the following phase: Remote phase is when retirement is near approaching, person does not get ready for it, Near phase: When retirement is very near, making imaginary plan for it (day dreaming) Honeymoon phase: Just after retirement person wants to do all those things which he could not do so far or was always desirous of doing. However, health and financial resources may cause problems (not in all people) in fulfilling his dreams or imaginations. Disenchantment phase: The problems or realities of retired life may dispirit the person. His excessive dream of a worry-free retired life may result in more disappointments. At this stage, person may be to come out of false imaginations. Stability phase: Person understands the realities of retired life. He adjusts his new roles. Termination phase: This happen by taking up some works either again or due to illness or incapacity.\(^{20}\)

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Looking at the above-mentioned stages, we may point out that in different stages of retired life, different types of adjustments are necessary. Hence, gerontological nurse should train the old person in the techniques of getting himself adjusted to the retired life. Death of ones life partner, friends, the decreasing physical capacities, etc. create an awareness of death in the offing, but one may be unable to accept the reality of death. Under such conditions, by religious and spiritual activities person can start accepting the certainly of death. His behavior may be changed accordingly. For be the secret and realities of life. The help of religious leaders like padre, mauve, guru or saints, etc. also may be taken, as per need. (Keshav Swarnkar, 2010)\(^{21}\) The elderly are prone to suffer from multiple chronic and often debilitating and disabling conditions, which include cardiovascular problems, stroke, diabetes mellitus, cancer, respiratory diseases, urinary incontinence, arthritis, mental problems, oral/dental problems, blindness due to cataract etc. (Park, 2011)\(^{22}\)

These problems get aggravated if proper attention is given to them. It is high true that we realized that these aged people have numerous needs. Health services to elderly population are very inadequate, Health personnel working in community health centers and Primary Health Centers are practically ignorant of the health needs of the elderly people.

Because of retirement and reduced socio-economic activities person’s financial resources become inadequate to meet his needs. Hence, the old persons should start saving for the future well ahead of retirement. The welfare programmes of Government or Voluntary Agencies also might help the old person financially. The old persons

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get mental peace and a sense of security, through financial adjustment. The evil trend of considering old as useless, incapable, less intelligent etc. may be found in the society. These feelings or trends are equivalent to abuse of old people. In short, the old people should develop adjustment capacities, in order to make old age pleasant and satisfying. (Keshav Swarankar, 2010)23

4.2.2 Economic Problems

(Bhagat and Unisa 2006)24 In India, an overwhelming proportion of elderly (90 per cent) whose children are alive, live with their children (Bloom et al. 2010).25 For elders living with their families - still the dominant living arrangement - the economic security and well-being are largely contingent on the economic capacity of the family unit. Particularly in rural areas, families suffer from economic crises, as their occupations do not produce income throughout the year. Inadequate income is a major problem of the elderly in India. (Siva Raju, 2002) Nearly 90 per cent of the total workforce is employed in the unorganized sector. They retire from their gainful employment without any financial security like pension and other post-retirement benefits.26 Economic crisis is a major problem caused by the elder people in our modern society.

Financial status of Kerala:

- 36% had financial stability
- 28% could just manage

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• 13% did not have any financial stability
• 23% had very poor financial status (WHO, 2012)\(^{27}\)

In rich countries, the elderly can afford to retire early because of the availability of pension schemes or social security programmes. However, in India, where poverty and inadequate social security prevail high, 63 percent of the elderly men and 58 percent of elderly women continue to work, are economically active beyond the age of 60 and even the age of 80, and above 22 percent of men and 17 percent of women continue to work. In Tamilnadu, an agricultural laborer at the age of 85 said that there is only one retirement not from work, but from the world. (Pappathi, 2007)\(^{28}\) In the process of ageing, individuals grow old and previously performing. Such an inability decreases their earning capacity and their physical and mental strength gradually decreases. Consequently, they may not be able to perform certain roles and work, which they were eventually they are forced to depend upon others. (Park, 2011)\(^{29}\)

In a study (Wason and Jain, 2011) of 962 elderly persons aged 60 and above in Jodhpur city, it was found that nearly 50 per cent of the subjects were at risk of malnutrition in low income group which was higher than the high income (29.5 per cent) and middle income groups (33.3 per cent). It was also observed that respondent’s age and income significantly affect the Mini-Nutritional Assessment scores of the aged population. The main area of concern among the elderly is their health, which can in turn


\(^{29}\) Park, K. (2011) Text book of Preventive and Social Medicine, M/s Banarsidas Bhanot Publishers, Jabalpur:
have a significant impact on their economic security, level of independence and social interaction.\textsuperscript{30}

As one grows old, control over the finance of the family, slips from him. Individuals who are required to retire and deprived of their main source of living may have to face these problems if these persons become infirm. To make matters worse, this situation arises at a time when the need for money is greater to procure medical assistance. (Help Age India, 1995).\textsuperscript{31} If planning for retired life was not done timely and adequately the economic problems, arising out of the reduced income could result in social and societal mal-adjustment. It is said that good income ensures good mental and physical health. A study on the working of old age pension scheme in Kerala shows that as many as 92.9\% of the old age pensioners found their income, that was too meagre to live seven on a subsistence level. (Pati, 1989).\textsuperscript{32}

\textbf{Reverse Mortgage Act for Aged People (Loan scheme for elderly)}

- Loan on the existing homes
- The maximum period of loan is 20 years
- The monthly payment does not exceed Rs.50,000
- Even if one passes away, the spouse can continue to occupy the property until his or her demise
- After the death of both spouses, bank takes over

\textbf{4.2.3 Health Problems}

As one grows in age, degenerative changes take place in all the areas of one’s existence physical, mental and intellectual. These


\textsuperscript{31} Help Age India, Research and Development Journal.(1995), 2:1

\textsuperscript{32} Pati, R.N, and Jena, B. (1989).\textit{Aged in India; Socio-Demographic Dimensions}, New Delhi: Ashish Publishing house; 216.
changes vary from person to person and within the same individual, different capabilities age at different rates. These changes cause serious health problems and alteration in the needs of the elderly. (Khana, 1997) was also of the opinion that many factors like poor income, decreased mobility, social isolation and depression are known to affect the health and well-being of the elderly. Among the problems of the old age, health problem is the most formidable one because it is accentuated by an increased number of physical handicaps, mental disturbances, accentuates it and an exaggerated ill-feeling complex (Desai, 1982).

The results of this study showed that a major proportion of the elderly were out of the work force, partially or totally dependent on others, and suffering from health problems with a sense of neglect by their family members. There is a growing need for interventions to ensure the health of this vulnerable group and to create a policy to meet the care and needs of the disabled elderly. Further research, especially qualitative research, is needed to explore the depth of the problems of the elderly (Leena, 2010). The National policy for the welfare of older persons recognizes that with advancing age, old people have to cope up with numerous health and associated problems, some of which may be chronic, of a multiple nature, requiring constant attention and carry the risk of disability and consequent loss of autonomy (Help Age India, 1995).

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(Thomas, 2003)\textsuperscript{37} and (Prakash, 2001)\textsuperscript{38} expressed the same view when they related that elderly in India showed considerable morbidity. As indicated by surveys 45 to 55 per cent of the older people suffered from chronic diseases.

According to (Kasthuri, 1999) the major ailments that accompany old age are blood pressure, diabetes, heart diseases, arthritis, etc. Coronary heart disease and stroke have become the major causes of death and disability among both ageing women and men.\textsuperscript{39} (Sreeramula et al. 1999) also stated that cardiovascular diseases like hypertension and coronary heart disease account for high morbidity in the elderly. The prevalence rate of coronary heart disease was nearly three times higher in the urban than in the rural population.\textsuperscript{40}

Tobacco related cancer is common among males while in females cancer of uterine cervix and breast are more in evidence (Shan, et al. 1997).\textsuperscript{41} Dodd, 1999) states constipation is one of the most common gastrointestinal complaints in the elderly.\textsuperscript{42} The health problem often referred as a specific malady in old age is osteoporosis and fractures, which can seriously interfere with movement and productivity (Sreeramula et al. 1999).\textsuperscript{43}

\textsuperscript{40} Sreeramula, D. N. (1999); Nutrition and Ageing; a quarterly Publication of the NINE, Hyderabad.
\textsuperscript{43} Sreeramula, D. N. (1999) Nutrition and Ageing; a quarterly publication of the NINE, Hyderabad.
(WHO, 2002) also reported that osteoporosis and associated bone fractures are the major causes of disability and death and they accounted for a considerable portion of medical bills the world over. It is estimated that the number of hip fractures worldwide will rise from 1.7 million in 1990 to around 6.3 million by 2050.\textsuperscript{44} (Moody, 2000) Osteoporosis is a condition involving degeneration or disappearance of bone tissue, leading to loss of strength and often to fracture.\textsuperscript{45} Factors such as diet, physical activity and smoking are closely associated with osteoporosis. Life style modifications, particularly increased calcium intake and physical activity have an important preventive impact on fracture rates (WHO, 2002).\textsuperscript{46}

According to (Krishna Kumari, 2005) the various problems can be summarized thus:

- Problems due to changes in cardio vascular system.
- Physical ability and fatigue with exertion, elevated blood pressure, varicosity, venous stasis and pressure sores are associated with changes in the cardiovascular system. These changes include reduced cardiac efficiency, thickening of blood vessels, arrhythmias and murmur and dilated abdominal aorta.
- Problems due to changes in the respiratory system: They include decreased gas exchange, decreased physical ability, and increased vulnerability to infection or contagion. The changes include decreased elasticity of alveolar scar, skeletal changes of chest, slower mucus transport, decreased cough strength and dysphagia.
- Problems due to changes in gastrointestinal system include difficulty in chewing, dry mouth, difficulty in digesting starches and fatty food, decreased appetite, malnutrition.

\textsuperscript{44} WHO, (2002) Keep fit for Life; Meeting the Nutritional needs of Older Persons.


\textsuperscript{46} WHO, (2002) Keep fit for Life; Meeting the Nutritional needs of Older Persons.
feeling of fullness/heart-burn after meals, constipation and pernicious anaemia. The changes include wearing down of teeth, muscle atrophy of cheeks and tongue, decreased peristalsis, decreased saliva and other enzymes, loss of taste buds, thinned Oesophageal wall, decreased hydrochloric acid and stomach enzymes production. The other noticeable changes are decreased lip size, sagging abdomen, atrophied gums, and decreased bowel movements. Fissures on the tongue, increased or decreased liver size by 2-3 cm. below coastal border and these can cause related health problems.

- **Problems due to changes in urinary system:** The problems include nocturia, polyuria and risk of falls. The changes include decreased number of nephrones, impairing ability to concentrate urine and eliminate medications, which are excreted out by the kidney.

- **Problems due to change in female reproductive system:** The problems include ovarian cysts, dyspareunia and lower self-esteem in women. The various changes are atrophied ovaries, uterus, scanty vaginal secretions, atrophy of external genitalia, pendulous breasts, small flat nipples, decreased pubic hair.

- **Problem arising from changes in male reproductive system:** The problems include difficulty in urinating, incontinence and lowered self-esteem. The changes include enlarged prostate glands, pendulous scrotum, decreased size of penis and testicles and decreased pubic hair.

- **Problems due to changes in muscular skeletal systems:** These include decreased physical ability due to decreased muscle size and tone; decreased mobility due to decreased range of motion in joints affecting posture, balanced flexibility; increased risk of falls, injury due to joint instability; osteoarthritis, joint pain, reduced ability for activities of daily living due to straight thoracic spine, break down of chondrocytes in joint cartilage; increased risk of fracture due to osteoporosis.

- **Problems due to changes in the neurological system:** These include increased risk of injury due to diminished hearing, vision, touch, weakened pain sensation, decreased balance, decreased appetite leading to malnutrition due to diminished sense of smell and taste, incontinence of urine and stool due to decreased sphincter tone, forgetfulness due to diminished short term memory and lowered self-esteem due to kyphosis.
Problems due to changes in endocrine system: In males, the problems are due to decreased testosterone production and include fatigue, weight loss, decreased libido, impotence, lowered self-esteem and depression. In females, the problems are due to decreased estrogens and progesterone production. The problems include osteoporosis, menopause and associated problems.

Problems due to changes in integumentary system: The problems include itching, risk of injury due to dry skin; hyperthermia, heatstroke due to decreased perspiration; difficulty in trimming of nails, potential for injury due to nails being thickened, decreased growth and ridges, lowered self esteem due to changes in the skin and nails such as decreased turgor, sclerosis, loss of subcutaneous fat leading to wrinkles; increased pigmentation, cherry angiomas, thin and decreased pigmentation of hair.47

The most common chronic conditions affecting older adults are cardiovascular diseases, cancer, diabetes, osteoarthritis, pulmonary disease, Alzheimer’s disease and psychiatric disorders, most commonly depression and dementia. By 2020, it is predicted that three quarters of all deaths in developing countries could be “ageing” related.

No one knows when old age begins. The “Biological age” of a person is not identical with his “chronological age”. It is said that nobody grows old merely by living a certain number of years. Years wrinkle the skin, but worry, doubt, fear, anxiety and self-distrust wrinkle the soul. While ageing merely stands for growing old, Senescence is an expression used for the deterioration in the vitality or the lowering of the biological efficiency that accompanies ageing. With the passage of time, certain changes take place in an organism. These changes are, for the most part deleterious and eventually lead to the death of the organism. Our knowledge about the ageing process is incomplete.

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We do not know much about the disabilities incidence to the ageing process. However, the following are some of the disabilities considered as incidental to it; (a) senile cataract, (b) glaucoma, (c) nerve deafness, (d) bony changes affecting mobility, (e) emphysema, (f) failure of special senses, (g) changes in mental outlook. This list is not exhaustive; we need to know a lot more about the disabilities incident to the ageing process. Certain chronic diseases are more frequent among the older people than in the younger people. The most prominent among them are the degenerative diseases of the heart and blood vessels: of particular importance after the age of 40 are the degenerative diseases of the heart and blood vessels. The inner walls of arteries break down, and a lipid material is deposited. This is replaced by calcium, which leads to narrowing of blood vessels or atherosclerosis. This leads to diminished blood supply, thrombus formation, rupture of blood vessels and high blood pressure. No single factor has been identified as the cause of atherosclerosis. Diet, heredity, overweight, nervous and emotional strain has all been implicated. Cardiovascular diseases are the major cause of death in the developed countries (Kasthuri, 1999).

A reduction of body weight and modification of habits of life are needed to decrease the strain on heart and blood vessels. By these, it is possible to lead longer and healthier life. (a) Cancer: The danger of cancer looms large past middle life. The incidence of cancer rises rapidly. In the developed countries, cancer is a leading cause of death. The incidence of cancer rises rapidly after the age of 40. Cancer of the prostate is common after the age of 65. (b) Accidents: Accidents are a health problem in the elderly. The bones become fragile due to certain amount of decalcification because of which they break easily. Accidents are more common at home than

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outside. Fracture neck of femur is very common geriatric problem. (c) Diabetes: Diabetes is a long-term illness due to faulty carbohydrate metabolism. It is a leading cause of death as the population grows older. About 75 per cent of diabetics are over 50 years of age. (e) Disease of locomotor system: A wide range of articular and nonarticular disorders affect the aged – fibrositis, myositis, neuritis, gout, rheumatoid arthritis. Osteoarthritis, spondylitis of spine, etc. These conditions cause more discomfort and disability than any other chronic disease in the elderly. (f) Respiratory illnesses: In the upper decades of life, respiratory diseases such as chronic bronchitis, asthma and emphysema are of major importance. (g) Genitourinary system: Enlargement of the prostate, dysuria, nocturia frequent and urgency of micturition are the common complaints (Keshav Swarnker, 2005).

4.2.4 Psychological Problems

Mental changes: Impaired memory, rigidity of outlook and dislike of changes are some of the mental changes occurring in the aged. Reduced income leads to a fall in the living standards of the elderly; it does have mental and social consequences. Sexual adjustment: Between 40 and 50, there is cessation of reproduction by women and diminution of sexual activity on the part of men. During this phase, physical and emotional disturbances may occur. Irritability, jealousy and despondency are very frequent. Emotional disorders: Emotional disorders result from social maladjustment. The degree of adaptation to the fact of ageing is crucial to a man’s happiness in this phase of life. Failure to adapt can result in

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bitterness, inner withdrawal, depression, weariness of life, and even suicide (Park, 2011).50

Psychological well-being is the basic requisite for the healthy life of the elderly. They should be in a sound status both physically and mentally. However, the actual state is different (Durairaj et al. 1999) specially heightened on the mental problems of old people.51

It is only in recent years that the prevalence of depression and dementias of various grades started getting assessed in the elderly population (Bagchi, 1998).52 According to (Shankar, 1999) the individuals worth, attitudes and behavior play significant roles in this ageing process.53 Loneliness, economic uncertainty, general unhappiness or distress, despair, sense of futility and instability are symptoms, which indicate an anxiety condition among the aged. All these are elements that aggravate the psychological depression.

Women in general are more prone to develop major depression and depressive disorders (Jamuna, 1998).54 The sense of uselessness and the resultant mental depression among elderly was also reported by (Anand, 2004).55

(Steen, 1992) Depressive illness in the elderly is responsible for more hospitalizations than any other disorder except cardiovascular disease. It leads to decreased functioning, increased

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morbidity and mortality, increased health care utilization and institutionalization of their male counterparts.\textsuperscript{56} Elderly having no substantial assets or a fairly good source of income and who are economically dependents, find the attitude and behavior of their family members as satisfactory (Rajan et al. 1999).\textsuperscript{57}

\textbf{4.3.0 Some Forms of Old Age Abuse}

Old people may have to undergo a lot of neglect. Some main forms of neglect or abuse are following:

Physical Abuse; Beating and physical punishment, sexual abuse, straining or locking them in the house, teasing them for physical conditions or diseases. Psychological Abuse: Giving mental torture, abusive language, calling by names (disrespectful words like old man etc.) making fun of them, threaten them, forced isolation, treat them as children. Material Abuse: Snatching their property illegally, economic exploitation, misuse or wasting their property for personal pleasures, active neglect, not providing food purposely or giving less food. Neglecting their likes and dislikes. Spoiling or removing their dentures, glasses, earring aid etc. Forbid them to play with grandchild, encouraging grand children to insult grandparent, passive neglect, become lazy or neglecting the care of old people, neglect may be due to ignorance also. Social abuse: Neglecting their advice, overlooking their experiences, not providing them proper place or honor on social occasions, the above-mentioned abuses or neglect can wreck the old persons physically and mentally. Their personality may be disorganized. Hence, the


\textsuperscript{57} Rajan, S. I. (1999) Old and old age homes in Kerala. Kerala calling, Department of Public Relations, Govt. of Kerala.
caregiver should avoid the tendency to abuse or neglect old people. (Keshav Swarnker, 2008).  

4.3.1 Physical Abuse

Physical abuse occurs when a person is subjected to any rash process such as hitting, punching, kicking and pushing. Physical abuse often leaves marks on the person’s body.

Indicators

- Cuts, swelling
- Burns marks from cigarettes
- Malnutrition or dehydration
- Weight gain or weight loss
- Black eyes broken fingernails
- Repeated unexplained injuries

Possible warning signs from elders

May report physical abuse

- Depression or withdrawal from family or friends
- Change in behavior, mood swings
- May seemed frightened

From the abuser

- Refusal to take elder to the doctor when needed
- Will not allow family and friends to see the abused alone
- Explanations inconsistent with the abuse symptoms

4.3.2 Psychological Abuse:

Psychological abuse occurs when a person demeaning to another person. A person may treat the elder like a child or call

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their names. An elder may seem unusually depressed or may talk bad about themselves.

Indicators

• Emotional upset
• Nervous behavior
• Negative attitude
• Agitation, anger
• Is evasive
• Shows lack of interest in social contact
• Is uncommunicative and unresponsive
• Is unreasonably fearful or suspicious
• Has chronic physical or psychiatric health problems
• Has depression, hopelessness, helplessness, thoughts of suicide
• Is hyper vigilant
• Is trembling, lack of eye contact

Possible warning signs from the elder

From the Abuser

• Take down to the abused
• Call the abused hurtful names
• Withdrawing the elder from family and friends
• Threats or insults by care-taker
• Care-taker talks of person as a burden

4.3.3 Neglect

• Untreated sores
• Malnutrition or dehydration
• Unsanitary living conditions
• Health conditions not being cared for
• Dirty bed linen and clothes
• Sunken eyes or loss of weight
• Extreme thirst
• Bedsores
• Signs of malnourishment
• Chronic health problems both physical and psychiatric
• Signs of over medication or over sedation
• Possible warning signs from the elder
• Elder may report neglect
• A strong odor from lack of hygiene
• Obvious weight loss or weight gain
• Begs for food
• Needs medical or dental care

From the abuser
• Unclean living conditions
• Will not allow family and friends in home
• Does not bath and promote adequate activity to the abused
• Abuser leaves elder alone when elder needs care
• Caregiver exhibit high levels of indifference or anger towards the older adult the elder are not given the opportunity to speak except when caregiver is present.

4.3.4 Material /Financial Abuse
• Signature on checks do not match elders signature
• Life circumstances do not match with the size of the estate
• Large withdrawal from bank accounts, switching accounts, unusual ATM activity
• Recent acquaintances, housekeeper, care-giver etc. make promises of life long care in exchange for deeding
all properly and/or assigning all assets over to acquaintance, care-giver, etc.

- The care-giver only expresses concern the financial status of the older person and does not ask questions or express the physical and/or mental health status of the elderly.

**4.3.5 Sexual Abuse**

Nonconsensual contact with an older person is manifested when an elder show:

- Bruised breasts
- Torn or bloody underwear
- Unexplained vaginal or anal bleeding
- Venereal diseases or vaginal infections

**4.3.6 Violation of Basic Rights**

- This is also an important area of elder abuse and which needs much attention.
- The care-giver withholds or reads the elders mail.
- The care-givers have removed all doors from the older adult’s rooms.

The care-giver intentionally obstructs the older person’s religious observances (e.g. dietary restrictions, holiday participation, visits by ministers, priest etc.) SHCs are problematic even though they are preventable and treatable.

**4.4.0 Model of Ageing with Disability**

The ICF Model of Aging with Disability (see Figure 4.1) illustrates how health can affect three outcomes: body functions, activities, and participation. SHCs have a direct impact on well-being and quality of life (QOL) by impairing function, limiting activities and reducing participation for those aging with disability. SHCs also impose a considerable economic burden on healthcare
systems by increasing rates of physician visits, hospitalizations, and other health-related expenditures. (Lange, 2010)

Figure 4.1. ICF Model of Aging with Disability (Lange, Requejo, Flynn, Rizzo, Valero-Cuevas, Baker, & Winstein, 2010)

4.5.0 Analysis of Socio-Economic Problems of Aged People by Survey Method

One of the undesirable facts of human life is that the ageing process is normal. Life is a progression from youth to old age. Ageing is a life long process through which all living beings go from birth to death. As people become aged, they come across many problems like shortage of sufficient incomes. Lack of acceptance in the family and society for health inadequate motivation and many other psychological problems. They also face the problem of how to occupy themselves during their leisure time.

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4.5.1 Views on the Economic Problems of the Aged People

Whenever academic and policy makers discuss the problems of the aged, largely, only the problems of the middle class and the other peripheral elite are highlighted. The aged among the classes in the lower steps of the ladder of the society, both economically and socially are often neglected. Here, the economic and social problems faced by the aged are analyzed, based on the primary data collected from Tholur Grama panchayat of Thrissur District. This chapter analyzes the socio-economic problems faced by the aged by survey method (Appendix 1).

4.5.2 The Study Area

The study was confined to Tholur Gramma Panchayat belonging to Puzhacal Block Panchayat in Thrissur District.

4.5.3 General Characteristics of Tholur Grama Panchayat

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Panchayat</td>
<td>Tholur Grama Panchayat</td>
</tr>
<tr>
<td>Area</td>
<td>17.20 Sq.km.</td>
</tr>
<tr>
<td>Number of Wards</td>
<td>10</td>
</tr>
<tr>
<td>Population</td>
<td>17,868</td>
</tr>
<tr>
<td>Sex ratio</td>
<td>1,028</td>
</tr>
<tr>
<td>Density of population</td>
<td>985/Sq.km.</td>
</tr>
<tr>
<td>Literacy rate</td>
<td>98 per cent</td>
</tr>
<tr>
<td>Main crops</td>
<td>Paddy, Coconut, Arecanut, Vegetables and different spices</td>
</tr>
<tr>
<td>Main Industries</td>
<td>Diamond cutting and tiles</td>
</tr>
<tr>
<td>Number of high schools</td>
<td>1</td>
</tr>
<tr>
<td>Number of primary schools</td>
<td>6</td>
</tr>
<tr>
<td>Number of primary health center</td>
<td>1</td>
</tr>
<tr>
<td>Number of family welfare center</td>
<td>2</td>
</tr>
</tbody>
</table>

Tholur grama Panchayat is situated in on the western side of Thrissur District surrounded by Kaiparambu and Kandanassery
grama Panchayats in the north, Kaiparambu and Adat grama Panchayats in the east, Adat and Mullassery grama Panchayaths in the south and Vadakkanchery River in the west. The panchayat has a population of 17,868 people with sex ratio of 1,028. With a density of population 985 people per square kilometers, the Panchayat has a high literacy rate of 98 percent. The main occupation of the people is agriculture and the main crops grown are paddy, coconut, arecanut, vegetables and spices. The life expectation is high in the Panchayat, just like the state figure. The percentage of elderly in the Panchayat is also high.

4.5.4 Socio-Economic Characteristics of the Sample

The economic and social problems of the aged differ in accordance with the socio-economic characteristics of the households in which they live. Hence, to examine the problems of the aged we have to analyze the socio-economic characteristics.

4.5.5 Age and Sex of the Head of the Household

In the Kerala society, the head of the household is not always the oldest male member or the oldest female member. In the present study, the main breadwinner is considered as the head.

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>20-30</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>30-40</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>40-50</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>50-60</td>
<td>6</td>
<td>3</td>
</tr>
<tr>
<td>60 and above</td>
<td>30</td>
<td>9</td>
</tr>
<tr>
<td>Total</td>
<td>66</td>
<td>34</td>
</tr>
</tbody>
</table>

Source: Field Survey
The study finds that 15 percent of the household heads belong to the age group 20-30 out of which four are female heads and eleven male heads. In the 30-40 age groups, there are twenty-six households out of which eighteen are male heads and eight female heads.

The study finds that thirty-nine households are headed by people above sixty years where the male, female division is thirty and nine. In the sample sixty-six percentages of households are headed by males and 34 percent by females. The result shows that male female sex ratio of head of the family is 2:1 in Tholur panchayat.

### 4.5.6 Age and Educational Qualification

The educational qualification of the head of the household is likely to influence the attitude towards the aged.

**Table 4.2 Classification on the Basis of Age and Educational Qualification of the Head of the Households.**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Educational qualification</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Illiterate</td>
<td>Primary</td>
</tr>
<tr>
<td>20-30</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>30-40</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>40-50</td>
<td>-</td>
<td>4</td>
</tr>
<tr>
<td>50-60</td>
<td>-</td>
<td>6</td>
</tr>
<tr>
<td>60 and above</td>
<td>11</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>27</td>
</tr>
</tbody>
</table>

**Source: Field Survey**

Among the heads of the households 13 percent are illiterate out of which eleven household heads belong to the 60 and above category. Twenty-seven household heads have primary education
whereas thirty-one heads have secondary education. A total of twenty-nine household heads have received degrees in higher education either in arts and in science and above or a professional.

4.5.7 Religion and Caste

In each religion the attitude towards the elderly is different hence an analysis of the religion and caste of the head of the household is valid.

**Table 4.3 Classification on the Basis of Religion of the Head of the Households.**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Christian</th>
<th>Hindu</th>
<th>Muslim</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-30</td>
<td>13</td>
<td>2</td>
<td>-</td>
<td>15</td>
</tr>
<tr>
<td>30-40</td>
<td>22</td>
<td>4</td>
<td>-</td>
<td>26</td>
</tr>
<tr>
<td>40-50</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>50-60</td>
<td>6</td>
<td>3</td>
<td>-</td>
<td>9</td>
</tr>
<tr>
<td>60 and above</td>
<td>30</td>
<td>7</td>
<td>2</td>
<td>39</td>
</tr>
<tr>
<td>Total</td>
<td>78</td>
<td>19</td>
<td>3</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source: Field Survey**

Being a Christian dominated area 78 percent of the sample selected belongs to this religion. Where as Hindus form 19 percent and Muslims just 3 percent.

4.5.8 Occupation and Monthly Income

Occupation and monthly income of the head of the household are other variables having considerable influence on the problems faced by the elderly.
### Table 4.4 Classification on the Basis of Occupation and Monthly Income of the Households.

<table>
<thead>
<tr>
<th>Income groups (in rupees)</th>
<th>Occupation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1  2  3  4</td>
<td>5  6  7</td>
</tr>
<tr>
<td>Less than 1000</td>
<td>7  - 1  -</td>
<td>- 8  16</td>
</tr>
<tr>
<td>1000-2000</td>
<td>5  6  7  2</td>
<td>1  2  -</td>
</tr>
<tr>
<td>2000 – 3000</td>
<td>1  4  7  5</td>
<td>2  1  -</td>
</tr>
<tr>
<td>3000 – 5000</td>
<td>1  - 3  4</td>
<td>9  3  3</td>
</tr>
<tr>
<td>5000-10,000</td>
<td>3  - 1  -</td>
<td>4  4  2</td>
</tr>
<tr>
<td>10,000 and above</td>
<td>-  - 2  -</td>
<td>2  - 6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17</strong> 10</td>
<td>21  9 18</td>
</tr>
</tbody>
</table>

**Note:**
1 - Self employment in the farm
2 - Agricultural labour
3 - Non - agricultural labour
4 - Self- employments in non-farm
5 - Salaried in government
6 - Business
7 - Others Source: Field Survey

The study finds that 17 percent of the household heads are cultivators, 10 percent agricultural laborers, and 21 percent non-agricultural labours and 9 percent self-employed in non-farm sector. 18 percent of the household heads are salaried government employees whereas 10 percent are having their own business. 15 percent of the households find occupation in other sectors.

In the income classification, 57 percent of the households have reported as receiving an average income of less than Rs. 3,000/- per month. Only 6 percent of households receive income above Rs. 10,000/- per month.
4.5.9 Value of Asset

The value of the assets of the household includes mainly the value of landed property and the value of houses. The value of the land is calculated considering the geographical location of the property and the market prices prevailing. In the valuation of houses, the area of the house and materials used and also age of the houses are taken into consideration. The value of the consumer durables after depreciation of the households is also included in the value of assets.

Table 4.5 Classification of Households on the Basis of Value of Assets

<table>
<thead>
<tr>
<th>Value of assets (in lakhs)</th>
<th>Number of households</th>
<th>Average asset value (in rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Below 1</td>
<td>18</td>
<td>61,495</td>
</tr>
<tr>
<td>1-2</td>
<td>26</td>
<td>1,82,132</td>
</tr>
<tr>
<td>2-3</td>
<td>15</td>
<td>2,31,083</td>
</tr>
<tr>
<td>3-5</td>
<td>14</td>
<td>3,57,522</td>
</tr>
<tr>
<td>5-10</td>
<td>11</td>
<td>8,19,800</td>
</tr>
<tr>
<td>10 and above</td>
<td>16</td>
<td>13,59,500</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
<td>4,50,836</td>
</tr>
</tbody>
</table>

Source: Field Survey

In the present study the asset value of the sample ranges from Rs. 61,495/- to Rs. 13,59,500/- with an average asset value of Rs. 4,50,836/- for the sample households. There are 27 percent of households whose asset value is greater than 8 lakh whereas 18 percent of household have reported in average asset value of Rs. 61,495/-

4.6.0 Economic Problems Faced by the Aged

The aged face many problems among which the most important one arises because of lack of sufficient money income for food, clothing, medicine, pocket money, savings etc. These problems
increase especially for those elderly who have not saved enough for the old age and for those who do not have any one to support them in the old age. The following section examines the economic problems faced by the elderly. There are 200 aged people in the 100 households surveyed problems of the aged people are assessed based on the response of these 200 aged people.

### 4.6.1 Age and Sex of the Elderly

Elderly can be classified as young old (60-69 years) old (70-79 years) and oldest old. With increase in age the different problems faced by them will get accumulated.

**Table 4.6 Classification of the elderly on the basis of age and sex of the elderly**

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Sex</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Percentage</td>
</tr>
<tr>
<td>60-69</td>
<td>38</td>
<td>39.58</td>
</tr>
<tr>
<td>70-79</td>
<td>22</td>
<td>32.35</td>
</tr>
<tr>
<td>80 and Above</td>
<td>12</td>
<td>33.33</td>
</tr>
<tr>
<td>Total</td>
<td>72</td>
<td>36</td>
</tr>
</tbody>
</table>

**Source: Field Survey**

In the present study, it was found that 48 percent of the elderly belong to the age group 60 - 69, out of which 39.58 percent are males and 60.42 percent females. In the old-old category there are sixty eight persons in the sample, out of which forty six are females and twenty two males. There are thirty six persons in the sample who belong to the oldest old group. Altogether, there are two hundred elderly people in the sample studied out of which 36 percent are males and 64 percent are females. This finding conforms to the high expectation of life of women in Kerala.
4.6.2 Number of Children of the Elderly

Even though the general tendency to reduce the number of children in the family is becoming strong in the state, the elderly have a larger number of children. In the sample, thirteen elderly have more than six children who are alive or dead, 7.25 percent of the elderly have reported that they have no children alive. 29.86 percent belong to the category of having one to two children and 62.89 percent of the elderly in the sample have children between three to six. This finding goes with they earlier situation in Kerala of families having more children.

4.6.3 Elderly and the Income Received from the Children

In the Indian society, parents consider their children as insurance in the old age. The children consider it their duty to support the parents in the old age.

Table 4.7 Classification based on Income Received per month from the Children by the Aged.

<table>
<thead>
<tr>
<th>Income received per month (in rupees)</th>
<th>Number of elderly</th>
<th>Average income received (in rupees)</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>33 (16.55)</td>
<td>0</td>
</tr>
<tr>
<td>Less than 100</td>
<td>20 (10)</td>
<td>64</td>
</tr>
<tr>
<td>100-200</td>
<td>31 (15.5*)</td>
<td>142</td>
</tr>
<tr>
<td>200 – 300</td>
<td>32 (16*)</td>
<td>231</td>
</tr>
<tr>
<td>300-500</td>
<td>18 (9*)</td>
<td>416</td>
</tr>
<tr>
<td>500-1000</td>
<td>26 (13.29*)</td>
<td>741</td>
</tr>
<tr>
<td>1000 and above</td>
<td>40 (20.97*)</td>
<td>1553</td>
</tr>
<tr>
<td>Total</td>
<td>200 (100*)</td>
<td>622</td>
</tr>
</tbody>
</table>

Note: * - Percentage. Source: Field Survey
Table 4.8 Classification of the Elderly based on Children with and not with the Parents

<table>
<thead>
<tr>
<th>Age groups</th>
<th>with children</th>
<th>Per-centange</th>
<th>Number of elders</th>
<th>Per-centange</th>
<th>Total</th>
<th>Per-centange</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>63</td>
<td>47.37</td>
<td>33</td>
<td>49.25</td>
<td>96</td>
<td>48</td>
</tr>
<tr>
<td>70-79</td>
<td>44</td>
<td>33.08</td>
<td>24</td>
<td>35.82</td>
<td>68</td>
<td>34</td>
</tr>
<tr>
<td>80 and Above</td>
<td>26</td>
<td>19.55</td>
<td>10</td>
<td>14.93</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td></td>
<td>133</td>
<td>66.5</td>
<td>67</td>
<td>33.5</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Survey

In the survey, it was found that out of the two hundred elderly, 66.5 percent stay with their children and the rest alone. Among this 47.37 percent of those who stay with the children belong to the category of young-old, 33.08 percent belong to the category of old-old and 19.55 percent in the oldest-old. Among those who do not live with the children 49.25 percent belong to the category of young-old, 35.82 percent in the old-old and 5.12 percent in the oldest-old. Thus 14.93 percent live with the support of some assistance of home nurses.

It is found about 70 percent of the old people is staying with their children and only 30 percent staying alone.

6.4 Earlier Savings of the Elderly

The balance of the individual’s life, while the income accruing within the same period is but one element which contributes to the shaping of such a plan. Given that the household has a known life span and intense to live, no legacies and given certainty, the motive for saving is to rearrange time consumption in relation to the expected future income stream. The elderly can smoothen
consumption in the old age by saving out of their income in the middle ages.

**Table 4.9  Classification of the Elderly based on Financial Assets for the Future**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Number of elders with savings</th>
<th>Percentage</th>
<th>Number of elders with out savings</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>39</td>
<td>43.33</td>
<td>57</td>
<td>51.82</td>
<td>96</td>
<td>48</td>
</tr>
<tr>
<td>70-79</td>
<td>32</td>
<td>35.56</td>
<td>36</td>
<td>32.73</td>
<td>68</td>
<td>34</td>
</tr>
<tr>
<td>80 and above</td>
<td>19</td>
<td>21.11</td>
<td>17</td>
<td>15.54</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>90</td>
<td>45</td>
<td>110</td>
<td>55</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source: Field Survey**

In the present study, it was found that ninety persons in the sample had saved for their old age where as one hundred persons had no savings left for the latter part of their life. Out of the savers 43.33 percent belong to young-old group where as 35.56 percent belong to old-old group, only 21.11 percent of the oldest-old had any savings for the old age. Among the non savers as many as 57 percent belonged to the young old group and 36 percent in the 70 - 79 age group and the rest in the above percent 80 age group. But it should be remembered that nearly 50 percent of the sample households reported that they found it difficult to make both ends meet. 40 percent has only savings.

4.6.5 **Diseases Suffered by the Aged.**

The old age is a period of physical and mental weakness. Usually the elderly due to lack of sufficient income and because of lack of facilities cannot keep their body fit. Hence, many of them suffer from chronic diseases.
### Table 4.10 Age classification of the Elderly based on Suffering

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Number of elders suffering from chronic diseases</th>
<th>Percentage</th>
<th>Number of elders not suffering from chronic diseases</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>44</td>
<td>36.67</td>
<td>52</td>
<td>65</td>
<td>96</td>
<td>48</td>
</tr>
<tr>
<td>70-79</td>
<td>53</td>
<td>44.17</td>
<td>15</td>
<td>18.75</td>
<td>68</td>
<td>34</td>
</tr>
<tr>
<td>80 and above</td>
<td>23</td>
<td>19.17</td>
<td>13</td>
<td>16.25</td>
<td>36</td>
<td>18</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>120</strong></td>
<td><strong>60</strong></td>
<td><strong>80</strong></td>
<td><strong>40</strong></td>
<td><strong>200</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Source: Field Survey

In the study, it was found that, 60 percent of the elderly in the sample suffer from chronic diseases. Of this, 36.67 percent belong to the young-old group, 44.17 percent in the old-old group and 19.17 percent in the oldest-old group. Among the elderly not suffering from any chronic diseases, 65 percent belong to the young-old group. 18.75 percent in the old-old group and 16.25 percent in the oldest-old group. Thus, the elders were suffered more by chronic diseases than others. 60 percent of the old age people have one or other disease,

#### 4.6.6 Expenditure Pattern of the Aged

The elderly spend a good part of their income on medical expenditures. And the lower income groups have to spend in excess of their incomes.
Table 4.11 Pattern of Consumption Expenditure of the Elderly

<table>
<thead>
<tr>
<th>Items of consumption</th>
<th>Age group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60-69 (in rupees)</td>
</tr>
<tr>
<td></td>
<td>Percentage</td>
</tr>
<tr>
<td>Food</td>
<td>550</td>
</tr>
<tr>
<td>Medicine</td>
<td>1224</td>
</tr>
<tr>
<td>Sanitary items</td>
<td>276</td>
</tr>
<tr>
<td>Cloth and footwear</td>
<td>118</td>
</tr>
<tr>
<td>Traveling</td>
<td>340</td>
</tr>
<tr>
<td>Recreation and communication</td>
<td>250</td>
</tr>
<tr>
<td>Others</td>
<td>447</td>
</tr>
<tr>
<td>Total</td>
<td>3205</td>
</tr>
</tbody>
</table>

Source: Field Survey

In the present study it was found that the average expenditure per month of the elderly in the 60-69 age group is Rs. 3205/- Out of this 38.19 percent on health expenditures and 17.16 percent constitutes the food expenditures. Among the 70-79 age group the average expenditures amount to Rs. 3129/-, out of which, 44.88 percent is for medical purposes. Among the oldest old 47.15 percent of the total expenses is for maintaining health conditions. Thus, it is found that as age increases the expenditures for medicine and health also increases.

4.6.7 Income and Consumption of the Elderly

The elderly receive their income from such sources at returns from assets, from their children, from the government as social security payments, interest income and wages and salaries for the works performed by them.
The study found that the income and expenditure of the three groups of the elderly show paternal diversity. For the young-old the average income per month is Rs. 43547/- and their expenditure amounts to Rs. 3205 resulting in a surplus of Rs. 1149/-. Among this group making an analysis of the income categories we find that, the lowest two income groups spend more than their income where as for the rest of the income groups there is positive saving. Saving show, an increasing tendency with income increases.

Among the old - old group the average monthly income amounts to Rs. 4070/- where as their average expenditure comes to only Rs. 3460/-. Resulting in an average savings per month of Rs. 610. In this group, only the lowest income category has reported expenditures in excess of income.

Among the oldest-old, the average income and average expenditures are lower compared to those of the young-old and the old-old. This group has reported excess of expenditure over income resulting in net negative savings of Rs. 194/-. In this group all the income categories except the Rs. 4500/- Rs. 6000/- income category have a reported negative savings. On an average the 60-69 age group has reported the highest income followed by 70 - 79 age group.

4.6.8 Views on the Social Problems of the Aged People

Ageing is a natural phenomenon. In earlier times in the glorious traditional Kerala society respect was showered and protection ensured to the aged parents and grand parents. However, in modern times, ageing seems to be looked upon by the younger generations as a burden. Our parents gave us everything they had and sacrificed the best part of their productive life, to make us what we are now but though they are inside home, they are outside the threshold of our minds. This is an ivory in life.
As the number of ageing population increases day by day in the society, their problems as members of the society are also increasing. Their main social problems are change in status, disintegration of joint family system, non-participation in decision-making, increasing materialism individual orientation in place of family, urbanization, industrialization, displacement from rural to urban areas changes in values, norms culture and acculturation etc. In this chapter, we need make an analysis of some of the social problems faced by the aged people, on the basis of the data collected from the sample.

4.6.9 **Problems of the Elderly at Home**

As one becomes old, the problems and tensions that one has to face are enormous. The attitude of the spouse, children, grandchildren, relatives and others is far from being congenial to a peaceful sunset. They are not well attended to in their needs and are not able to enjoy the warmth of social gatherings. The respondents were enquired about the attitude of the family members towards them by using a three point scaling system.

**Table 4.12 Attitude of Family Members towards the Elderly**

<table>
<thead>
<tr>
<th>Age groups</th>
<th>Very happy</th>
<th>Happy</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per-centage</td>
<td>Per-centage</td>
<td>Per-centage</td>
</tr>
<tr>
<td>60-69</td>
<td>18</td>
<td>31</td>
<td>48</td>
</tr>
<tr>
<td>70-79</td>
<td>12</td>
<td>29</td>
<td>28</td>
</tr>
<tr>
<td>Above 80</td>
<td>10</td>
<td>11</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>40</td>
<td>71</td>
<td>89</td>
</tr>
</tbody>
</table>

*Source: Field Survey*
4.6.10 Attitude of Family Members towards the Elderly

The study shows that 44.5 percent of the elderly are not happy with the attitude of the family members towards them. 35.5 percent have reported they are happy about the way their children and other members of the family behave. Only 20 percent are very happy with the attitude of the family members towards them.

4.6.11 Attitude of Grandchildren towards the Elderly

The new generation especially the grandchildren in the family traditionally used to consider the grand parents as the guides for their future life. There was a big bond bringing the grand children and the grand parents together in traditional Kerala households. However, at present there is a drastic change in the attitude of the grand children towards the grand parent. This was also analyzed by using a three point scaling system.

The ratio of family members towards elderly with very happy, happy, not happy is 10:40:50 respectively.

Table 4.13 Attitude of Grand Children towards the Elderly

<table>
<thead>
<tr>
<th>Age Groups</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Good</td>
</tr>
<tr>
<td>60 – 69</td>
<td>28</td>
</tr>
<tr>
<td>70 – 79</td>
<td>25</td>
</tr>
<tr>
<td>80 above</td>
<td>14</td>
</tr>
<tr>
<td>Total</td>
<td>67</td>
</tr>
</tbody>
</table>

Source: Field Survey

In the study, it was found that only 33.5 percent of the elderly feel satisfied with the attitude of their grand children. For 29.5 percent the feeling is that their needs are attended to, but they are not quite happy with the attitude of their grand children. 37 percent of the respondents felt that the attitude of the grand-
children are bad. Thus, the problems of the elderly, both physical and mental, go on increasing as time passes.

### 4.6.12 Social Gatherings and the Elderly

The elderly find some relief from their agonies when they are taken for some social and religious functions.

#### Table 4.14 Attendance in Social Gatherings.

<table>
<thead>
<tr>
<th>Age group</th>
<th>Number of elderly taking part in social gatherings</th>
<th>Percentage</th>
<th>Number of elderly not taking part in Social gatherings</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 – 69</td>
<td>63</td>
<td>64.95</td>
<td>39</td>
<td>37.86</td>
<td>102</td>
<td>51</td>
</tr>
<tr>
<td>70 – 79</td>
<td>34</td>
<td>35.05</td>
<td>40</td>
<td>38.83</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>80 above</td>
<td>-</td>
<td>-</td>
<td>24</td>
<td>23.33</td>
<td>24</td>
<td>12</td>
</tr>
<tr>
<td>Total</td>
<td>97</td>
<td>48.5</td>
<td>103</td>
<td>51.5</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

**Source:** Field survey

#### Table 4.15 Attention given to the Elderly by Religions groups

<table>
<thead>
<tr>
<th>Religious Groups</th>
<th>Well attended to the needs</th>
<th>Attend to but not well</th>
<th>Not attended To</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Christian</td>
<td>25.22*</td>
<td>26.96*</td>
<td>47.83*</td>
<td>57.5*</td>
</tr>
<tr>
<td></td>
<td>29</td>
<td>31</td>
<td>55</td>
<td>115</td>
</tr>
<tr>
<td>Hindu</td>
<td>27.27*</td>
<td>30.91*</td>
<td>41.82*</td>
<td>27.5*</td>
</tr>
<tr>
<td></td>
<td>15</td>
<td>17</td>
<td>23</td>
<td>55</td>
</tr>
<tr>
<td>Muslim</td>
<td>26.67*</td>
<td>30*</td>
<td>43.33*</td>
<td>15*</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>9</td>
<td>13</td>
<td>30</td>
</tr>
<tr>
<td>Total</td>
<td>26*</td>
<td>28.5*</td>
<td>45.5*</td>
<td>100*</td>
</tr>
<tr>
<td></td>
<td>52</td>
<td>57</td>
<td>91</td>
<td>200</td>
</tr>
</tbody>
</table>

**Note:** *Percentage. Source: Field survey

In the present study 57.5 percent of the sample belonged to Christian religion out of which 25.22 percent responded, that their needs were well attended to 26.96 percent felt that their needs are attended to, but not well. 47.83 percent belonging to the Christian religion considered that their needs are not cared for 27.5 percent of
the sample belonged to the Hindu religion out of which 27.2 percent felt that their wants are well attended to whereas 30.91 percent are not very much satisfied with the attention by the family members. 41.82 percent of the elderly belonging to the Hindu religion are dissatisfied with the attention given to them. The sample belonging to the Muslim religion constituted just 15 percent of the sample. Out of which 26.67 percent was happy with the attention that they get whereas 43.3 percent is dissatisfied.

4.6.13 Problems of the Elderly by Income Groups

Social problems faced by the elderly depends to a greater extend on the household income. There is a tendency that the higher income households will not have much time to attend personally the problems of the elderly where as among the lower income group’s personal attention becomes possible.

Table 4.16 Attention Given to the Elderly by Income Groups.

<table>
<thead>
<tr>
<th>Income groups</th>
<th>Well attended to the needs</th>
<th>Percentage</th>
<th>Attend to but not well</th>
<th>Percentage</th>
<th>Not attended</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0- 1500</td>
<td>10</td>
<td>29.41</td>
<td>13</td>
<td>38.24</td>
<td>11</td>
<td>32.35</td>
<td>34</td>
<td>17</td>
</tr>
<tr>
<td>1501 -2500</td>
<td>13</td>
<td>30.90</td>
<td>16</td>
<td>38.10</td>
<td>13</td>
<td>30.95</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>2501-3500</td>
<td>11</td>
<td>27.5</td>
<td>11</td>
<td>27.5</td>
<td>18</td>
<td>45</td>
<td>40</td>
<td>20</td>
</tr>
<tr>
<td>3501-4500</td>
<td>7</td>
<td>22.58</td>
<td>9</td>
<td>29.73</td>
<td>15</td>
<td>48.39</td>
<td>31</td>
<td>15.5</td>
</tr>
<tr>
<td>4501-6000</td>
<td>7</td>
<td>21.21</td>
<td>8</td>
<td>24.24</td>
<td>18</td>
<td>54.55</td>
<td>33</td>
<td>16.5</td>
</tr>
<tr>
<td>6000+</td>
<td>5</td>
<td>25</td>
<td>-</td>
<td>-</td>
<td>15</td>
<td>75</td>
<td>20</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>53</td>
<td>26.5</td>
<td>67</td>
<td>28.5</td>
<td>90</td>
<td>45</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

Source: Field Survey

Analyzing the attention received by the elderly on the basis of income groups. It was found that 66.67 percentage of the lowest income groups responded that their needs are attended to where, as
only 32.35 percent in this group is not happy with the attention that they get. In the next higher income group 67.86 percent are either very happy or happy for being attended to their needs coming to the highest income groups only 25 percent is happy for the attention of their wants get where as the rest is quite unhappy. Among the next lower income group, 31.58 percent are happy and the rest unsatisfied. Thus, the survey validities the hypothesis that the elderly feel happier among the lower income groups than among the higher income groups.

4.6.14 Attitude of Grandchildren by Income Groups

The attitude of the grandchildren towards the elderly is also influenced by the income of the household. The higher income households keep the grandchildren away from the elderly, on the basis of many arguments. However, in the present study no such bias against the higher income groups were found on the basis of the responses received in the survey.

\textbf{Table 4.17 Attitude of Grand Children by Income groups.}

<table>
<thead>
<tr>
<th>Income groups</th>
<th>Good</th>
<th>Percentage</th>
<th>Fair</th>
<th>Percentage</th>
<th>Bad</th>
<th>Percentage</th>
<th>Total</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>0- 1500</td>
<td>12</td>
<td>34.29</td>
<td>10</td>
<td>28.57</td>
<td>13</td>
<td>37.14</td>
<td>35</td>
<td>17.5</td>
</tr>
<tr>
<td>1501 -2500</td>
<td>12</td>
<td>28.57</td>
<td>14</td>
<td>33.33</td>
<td>16</td>
<td>38.10</td>
<td>42</td>
<td>21</td>
</tr>
<tr>
<td>2501-3500</td>
<td>10</td>
<td>26.32</td>
<td>7</td>
<td>18.42</td>
<td>21</td>
<td>55.26</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>3501-4500</td>
<td>8</td>
<td>25.81</td>
<td>12</td>
<td>38.71</td>
<td>11</td>
<td>35.48</td>
<td>31</td>
<td>15.5</td>
</tr>
<tr>
<td>4501-6000</td>
<td>8</td>
<td>25</td>
<td>11</td>
<td>34.37</td>
<td>13</td>
<td>40.63</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>6000+</td>
<td>7</td>
<td>31.82</td>
<td>5</td>
<td>22.73</td>
<td>10</td>
<td>45.45</td>
<td>22</td>
<td>11</td>
</tr>
<tr>
<td>Total</td>
<td>57</td>
<td>28.5</td>
<td>59</td>
<td>29.5</td>
<td>84</td>
<td>42</td>
<td>200</td>
<td>100</td>
</tr>
</tbody>
</table>

\textbf{Source: Field survey}

In the study, 31.82 percent of the elderly in the highest income group feel either good or fair attitude from the grand children whereas among the lowest income group’s percentage of
elderly reporting good or fair attitude from the grand children is the same. Among the other income groups, also there is not much to be distinguished in this aspect.

**Conclusion**

Recognizing the contribution that seniors make to our society, the Government of Canada has come up with effective measures to help them through the collaborative *Age-Friendly-Communities* initiative and by providing information to help older adults make physical activity part of a healthy lifestyle. The Federal Government will continue to work in partnership with the provinces and territories to promote Age-Friendly-Communities throughout Canada “to help make our communities safer and healthier places in which to live”. Today, more than 575 communities across Canada have taken steps to make their communities more age-friendly. The Health Minister of Canada, Leona Aglukkaq (world health day message) says: “we also recognize that physical activity among seniors, lowers their risk of chronic disease, improves their overall health, and allows them to remain independent” (Leona Aglukkaq, 2012).

To sum up the analysis of the economic problems of the aged: the majority of the elders live in precarious condition and setting. They do not have even the basic amenities of life. Most of them are struggling for keeping themselves alive, unable to meet the elementary needs-food and medicine. Overall, the condition of the aged in the world is pitiable. It should receive the attention of the well-meaning individuals and philanthropic institutions as well as the Government. A comprehensive relief programme should be chalked out and implemented immediately. Until then nature will continue to murmur in the conscience of man: Inhuman! Injustice! Monstrous Ingratitude!!

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60 Leona Aglukkaq, A Message from Minister of Canada: April, 2012, Minister of Health Government of Canada.